**Plan for Breastfeeding after Breast Reduction**

NB: Please note, this is a guide only. It does not replace management or care plans suggested by your IBCLC or other medical professional whom you should stay in contact with throughout your BF journey.

### Antenatal - >36wks

- Hand express 1x daily for 10 min each side. Collect colostrum in sterile syringes & freeze. (see Appendix 1)

### Baby’s Birth

- Skin to skin immediately if possible & for as LONG as possible, > than 1hr is good.
- Try the ‘Breast Crawl’ if appropriate. [breastcrawl.org/video.htm](http://breastcrawl.org/video.htm) - allow baby to self attach if he can & feed as long as he/she wishes.

### Mother & Baby separated

- Skin to skin as often & as long as possible. Rest as often as possible.
- Express by hand 3 hourly until milk comes in & then use a pump. When expressing— limit time to 15 min each side. (see Appendix 1)
- Start Natural Galactagogue. (Appendix 2)

### Baby able to breastfeed?

**NO**

- Skin to Skin & Expressing as above.
- Continue Natural Galactagogue
- After “Milk In” If expressing > 90ml each time, continue 3 hourly pumping as above.
- Breast compressions while expressing: (Appendix 3)
- If Expressing < 90 ml consider starting Domperidone. 20mg TDS. (Appendix 5)
- Continue Natural Galactagogue (App 2)

**YES**

### Days prior to Milk “Coming In”

- Skin to Skin & rest as often & for as long as possible.
- Feed as often as baby needs but do not allow gaps longer than 4 hours.
- Feed x 10 min on one side before changing sides. Frequent feeding will help build more prolactin receptors → increases milk production!
- Start Natural Galactagogues. (App. 2)

### Baby Latching & feeding well?

**YES**

### Day 4 or After Milk in “In” (Lactogenesis II)

- Skin to skin & rest as often as possible.
- Breastfeed on demand but do not allow gaps longer than 5 hours. (Freq BF= More demand= more milk)
- Feed on one side for 20 –30 min before changing sides. (“Entrée & Mains…..then……Dessert”)
- NB: Breast compressions during feeds. (Appendix 3)
- DO NOT miss night feeds– prolactin highest during these hours. Missed feeds = drop in milk supply
- Continue natural galactagogue. (Appendix 2)
- Observe for breast lumps/ blocked ducts. If present follow Appendix 4

### Milk production is sufficient.

I.e.: Baby is satisfied after a good feed. Wet nappies x 6+

**YES**

- 2 x Trial Exp of a ‘feed’ = > 90ml
- Continue with all the actions above but top ups of EBM or Formula needed. Via SNS, Spoon or lastly bottle.
  - Express 1 hour post feeds at least 6 times in 24 hours to boost demand & therefore boost supply.
    (a.k.a “Marathon Expressing”)
  - Continue with Natural galactagogue, skin to skin, Breast compressions & always observe for blocked ducts
  - If after 24 hours of dedicated “Marathon Expressing” milk supply is still low—see criteria above.
    Consider Domperidone. 20 mg TDS. (See Appendix 5)
    Trial period of 2 weeks. If it helps, continue for further 2 weeks then consider slow weaning regime.
    (See Appendix 6) DO NOT STOP SUDDENLY.
  - Once on weaning regime – if milk supply drops after 24 hours replace missed tablet & continue on original dose for next 2 weeks before attempting decreas again. If the decreased dose does not affect milk supply after 4-5 days miss another tablet & observe milk production….and so on according to Appendix 6.

**NO**

Janet McGuinness IBCLC 2016
Guidelines for storing & using expressed breast milk/ Colostrum

♥ You should wash your hands before you express breast milk.
♥ Store breast milk in a plastic or glass container with an airtight sealed lid (e.g., a food storage container or bottle).
♥ Milk should be stored in small portions to prevent waste – around 100–300 mL.
♥ Date containers at the time of collection, and make sure caregivers use the oldest milk first.
♥ Fresh or refrigerated milk retains beneficial properties and is preferable to breast milk that has been frozen.
♥ If refrigerating or freezing breast milk, store in a new container rather than adding it to previously refrigerated or frozen milk.
♥ Adding exp breast milk to frozen milk can cause the milk to thaw and then refreeze, which increases the risk of bacterial growth in the milk.
♥ Wash containers and feeding equipment in hot soapy water, and then rinse.
♥ If the infant is three months old or younger, the containers and equipment also need to be sterilised.
♥ You can get sterilising equipment and tablets to make sterilising solution from your supermarket or pharmacy. Follow the manufacturer’s instructions carefully.
♥ Alternatively, the containers and feeding equipment can be boiled.
♥ When refrigerating, expressed breast milk should be stored in the bottom half of the fridge, at the back. Fridges should operate at 2–4 °C.
♥ If you only need to store breast milk a short time, and don’t have access to a fridge or freezer, you can use an insulated cooler bag with ice packs.
♥ Don’t use this method to store milk for more than 24 hours.
♥ The ice packs should be in contact with the milk containers at all times.
♥ Try not to open and close the cooler bag too often.

Storage of Breast milk

♥ Room temperature (< 26ºC)  4 hours  Cover containers and keep them as cool as possible (e.g., surround the closed container with a cool towel to help to keep the milk cooler)
♥ Refrigerated (2-4ºC)  48 hours  Store milk in the back of the main body of the refrigerator
♥ Frozen ~Freezer box in refrigerator  2 weeks
~Separate door fridge/freezer  3–6 months
~Separate deep freeze  6–12 months
For all of the above: Store milk toward the back where the temperature is most constant

Using expressed breast milk

♥ Frozen expressed breast milk can be thawed in the refrigerator or by placing the container in warm water until the milk has thawed.
♥ Expressed breast milk should not be thawed or heated using a microwave because microwaving destroys some of the milk’s immunological components & there is a risk of uneven heating and scalding.
♥ Expressed breast milk can be warmed by placing the cup or bottle containing the milk in hot water.
♥ Before feeding the infant, caregivers should swirl the container of milk to mix the fat portion back in and distribute the heat evenly.
♥ They should test the temperature of the milk by shaking a few drops on the inside of their wrist. It should feel comfortably warm to the touch before being given to the infant.

http://www.health.govt.nz
How to Increase Breast Milk with Foods & Natural Products:

The following foods can increase milk supply:

♥ Asparagus
♥ Apricots
♥ Green beans
♥ Carrots
♥ Sweet potatoes
♥ Leafy green vegetables (especially beet greens, watercress, parsley and dandelion greens)
♥ Peas
♥ Pecans
♥ Oatmeal
♥ Beer (with or without alcohol)

Traditionally Used Herbs
♥ Fenugreek: 1-4 capsules (580-610mg) 3-4 times daily, although there is no standard dosing. It can also be taken as a tea of ¼ tsp seeds steeped in 8oz of water for 10 minutes, taken 3 times daily. Often taken in combination with other herbs such as Blessed Thistle.
♥ Goat’s Rue: Usually used as a tea. 1 tsp dried leaves steeped in 8oz of water for 10 minutes taken 2-3 times daily.
♥ Milk Thistle: Use as a strained tea. Simmer 1 cup crushed seeds in 8oz water for 10 minutes. Take 2-3 cups daily.
♥ Blessed Thistle leaves: (Cnicus benedictus) tincture, 20 drops of tincture 2-4 times daily or 3 capsules 3 times per day. For use as a tea, pour one cup of boiling water over 1.5 to 2 grams of crushed leaves and steep for 10 to 15 minutes. Drink 1 cup 2-3 times per day.
♥ Borage leaves: (Borago officinalis) Half a cupful of infusion at each nursing, or eat flowers in salad.
♥ Fennel and Barley Water: (Foeniculum vulgare and Hordeum genus) Prepare barley water by soaking 1/2 cup pearled (regular) barley in 3 cups cold water overnight or by boiling for 20 min. Strain barley and discard or add to soup. Heat only what you need and store the rest in the fridge. Pour 1 cup of barley water over 1 teaspoon fennel seeds and steep for no longer than 30 minutes. This also eases afterbirth pains.
♥ Hops: (Humulus lupulus) Beer is a convenient source. Can also use tea or infusion.
♥ Alfalfa: (Medicago sativa) taken as 4 capsules 3 times daily. Sometimes prepared in homeopathic remedies with Lactuca Virosa or used as a tea.
♥ Anise/Aniseed: (Pimpinella anisum) Crush seeds just before use. Pour 1 cup of boiling water over 1-2 tsp of seeds. Let stand covered for 5-10 minutes. Drink 1 cup 2-3 times daily. Also thought to be helpful for infantile colic.

♥ A good source of many of the above would be your homeopathist. ♥ They can often make up a spray for you & tweak it until it works best.

Other Options
Milk flow spray– Manutuke herbs
Lactation Cookies: Jessica Read-Bloomfield 0277275575 also on facebook
Brewers yeast from Health 2000 sprinkled of breakfast or in a smoothie.
Non or low alcohol beer– Claushaler from Countdown

Tiger milk:
Blend together:
600ml milk,
1 banana
1 TBSP Milo/ Honey
2 TBSP Complan (optional)
2 TBSP Yogurt.
APPENDIX 3

♥ Breast compression—How to do it. ♥
http://www.breastfeedinginc.ca/content.php?pagename=docGBC

♥ Hold the baby with one arm.
♥ Support your breast with the other hand, encircling it by placing your thumb on one side of the breast (thumb on the upper side of the breast is easiest), your other fingers on the other, close to the chest wall.
♥ Watch for the baby’s drinking, though there is no need to be obsessive about catching every suck. The baby gets substantial amounts of milk when he is drinking with an “open mouth wide—pause—then close mouth” type of suck.
♥ When the baby is nibbling at the breast and no longer drinking with the “open mouth wide—pause—then close mouth” type of suck, compress the breast to increase the internal pressure of the whole breast. Do not roll your fingers along the breast toward the baby, just squeeze and hold. Not so hard that it hurts and try not to change the shape of the areola (the darker part of the breast near the baby’s mouth). With the compression, the baby should start drinking again with the “open mouth wide—pause—then close mouth” type of suck.

Use compression while the baby is sucking but not drinking!
♥ Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure. Release the pressure if baby stops sucking or if the baby goes back to sucking without drinking. Often the baby will stop sucking altogether when the pressure is released, but will start again shortly as milk starts to flow again. If the baby does not stop sucking with the release of pressure, wait a short time before compressing again.
♥ The reason for releasing the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. The baby, if he stops sucking when you release the pressure, will start sucking again when he starts to taste milk.
♥ When the baby starts sucking again, he may drink (“open mouth wide—pause—then close mouth” type of suck). If not, compress again as above.
♥ Continue on the first side until the baby does not drink even with the compression. You should allow the baby to stay on the side for a short time longer, as you may occasionally get another letdown reflex (milk ejection reflex) and the baby will start drinking again, on his own. If the baby no longer drinks, however, allow him to come off or take him off the breast.

1. If the baby wants more, offer the other side and repeat the process.
2. You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.
3. Work on improving the baby’s latch.
4. Remember, compress as the baby sucks but does not drink. Wait for baby to initiate the sucking; it is best not to compress while baby has stopped sucking altogether.

In our experience, the above works best, but if you find a way which works better at keeping the baby drinking with an “open mouth wide—pause—then close mouth” type of suck, use whatever works best for you and your baby. As long as it does not hurt your breast to compress, and as long as the baby is “drinking” (“open mouth wide—pause—then close mouth type” of suck), breast compression is working.
Blocked ducts will almost always resolve without special treatment within 24 to 48 hours after starting. During the time the block is present, the baby may be fussy when breastfeeding on that side because the milk flow will be slower than usual. This is probably due to pressure from the lump collapsing other ducts. A blocked duct can be made to resolve more quickly if you:

**Continue breastfeeding on that side and draining the breast better.**

This can be done by:

- **Getting the best latch possible**
  (see the information sheet *When Latching* as well as the video clips on how to latch a baby on at the website nbci.ca).

- **Using compression to keep the milk flowing** (see the information sheet *Breast Compression* as the video clips on how to latch a baby on at the website nbci.ca). Get your hand around the blocked duct and compress it as the baby is breastfeeding if it is not too painful to do so.

- **Feeds the baby in such a position that the baby’s chin “points” to the blocked duct.** Thus, if the blocked duct is in the bottom outside area of the breast (7 o’clock), then feeding the baby in the football position may be helpful.

- **Apply heat to the affected area.** You can do this with a heating pad or hot water bottle, but be careful not to burn your skin by using too much heat for too long a period of time.

**Try to rest.** Of course, with a new baby it is not always easy to rest. Try going to bed. Take your baby with you into bed and breastfeed him there.

**A bleb or blister**

Sometimes, but not always by any means, a blocked duct is associated with a bleb or blister on the end of the nipple. A flat patch of white on the nipple is not a bleb or blister. If there is no painful lump in the breast, it is confusing to call a bleb or blister on the nipple a blocked duct. A bleb or blister is, usually, painful and is one cause of nipple pain that comes on later than the first few days. Some mothers get blisters in the first few days due to a poor latch. Nobody knows why a mother would suddenly get a bleb or blister out of the blue several weeks after the baby is born.

A blister is often present without the mother having a blocked duct.

If the blister is quite painful (it usually is), it is helpful to open it, as this should give you some relief from the pain. You can open it yourself, but do this one time only. However, if you need to repeat the process, or if you cannot bring yourself to do it yourself, it is best to go to see your doctor or come to our clinic. Flame a sewing needle or pin, let it cool off, and puncture the blister.

- **Do not dig around; just pop the top or side of the blister.**

- **Try squeezing just behind the blister; you might be able to squeeze out some toothpaste-like material through the now opened blister.** If you have a blocked duct at the same time as the blister, this might result in the duct unblocking. Putting the baby to the breast may also result in the baby unblocking the duct. Once you have punctured the bleb or blister, start applying the "all purpose nipple ointment" after each feed for a week or so. The reason for this is to prevent infection and also to decrease the risk of the bleb or blister returning. See the information sheet *All Purpose Nipple Ointment (APNO)*. You will need a prescription for the ointment.
**Suggested Reading**

**APPENDIX 5:** Domperidone—Getting started.  
http://www.breastfeedinginc.ca/content.php?pagename=doc-DGS

**APPENDIX 6:** Domperidone—Stopping.  
http://www.breastfeedinginc.ca/content.php?pagename=doc-DS

**Other Useful reading:**

Breastfeeding after a Reduction BFAR:  
http://bfar.org/index.shtml  
http://bfar.org/reduction.shtml

La Leche League info:  
http://www.lli.org/llleaderweb/lv/lvaugsep02p75.html

Australian Breastfeeding Association:  

Kelly Mom:  
http://kellymom.com/bf/concerns/mother/breast-surgery/

Treasures Parenting:  
http://www.treasures.co.nz/Explore-your-stage/Story/?contentId=115756